

PREPARED 4/30/2010 12:34

FORM APPROVED

OMB NO. 0938-0050

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
(42 USC 1395g).

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	14-0033	I	FROM 12/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 11/30/2009	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
					I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT

DATE: 4/30/2010 TIME 12:34

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
VISTA MEDICAL CENTER WEST 14-0033

FOR THE COST REPORTING PERIOD BEGINNING 12/ 1/2008 AND ENDING 11/30/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION
DATE: 4/30/2010 TIME 12:34

0xmRE20Z08RLPbblqv3pm7QvIVnCi0
sAU320Brwsyk90ZsjfgbxQrpfj8tjd
b4sy0xYmWM01ngih

PI ENCRYPTION INFORMATION
DATE: 4/30/2010 TIME 12:34

fn095y4yBoH0RKx2G7Pe764UFOWwm0
OnWGG0p8axQAWezBr4x08wEBabDCPg
CbGS379fMO0DVfPE

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

Senior Vice President, Revenue Management
TITLE

4-30-10
DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3	4	
1 HOSPITAL	0	0	20,837	0	
2 SUBPROVIDER	0	35,625	0	0	
2 .01 SUBPROVIDER II	0	27,693	0	0	
100 TOTAL	0	63,318	20,837	0	

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
(42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I PERIOD	I INTERMEDIARY USE ONLY	I DATE RECEIVED:
COST REPORT CERTIFICATION	I	14-0033	I FROM 12/ 1/2008	I --AUDITED --DESK REVIEW	I / /
AND SETTLEMENT SUMMARY	I		I TO 11/30/2009	I --INITIAL --REOPENED	I INTERMEDIARY NO:
			I	I --FINAL 1-MCR CODE	I
				I 00 - # OF REOPENINGS	I

ELECTRONICALLY FILED COST REPORT

DATE: 4/30/2010 TIME 12:39

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

VISTA MEDICAL CENTER WEST 14-0033

FOR THE COST REPORTING PERIOD BEGINNING 12/ 1/2008 AND ENDING 11/30/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3	4	
1	HOSPITAL	0	0	20,837	0
2	SUBPROVIDER	0	35,625	0	0
2 .01	SUBPROVIDER II	0	27,693	0	0
100	TOTAL	0	63,318	20,837	0

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1324 NORTH SHERIDAN ROAD	P.O. BOX:
1.01 CITY: WAUKEGAN	STATE: IL ZIP CODE: 60085- COUNTY: LAKE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;				PAYMENT SYSTEM (P,T,O OR N)		
COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	V XVIII	XIX
02.00 HOSPITAL	VISTA MEDICAL CENTER WEST	14-0033		7/ 1/1966	4 5 6	N P N
03.00 SUBPROVIDER	VISTA MEDICAL CENTER MENTAL HEALTH	14-S033		1/ 1/1990	N P N	N
03.01 SUBPROVIDER 2	VISTA MEDICAL CENTER REHAB	14-T033		9/ 1/1989	N P N	N

17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 12/ 1/2008	TO: 11/30/2009	1	2
18	TYPE OF CONTROL			4	

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1
20	SUBPROVIDER	4
20.01	SUBPROVIDER II	5

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.				
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.	N	N		
21.02	HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).				
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	1	N		N 29404
21.04	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL	1			
21.05	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL	1			
21.06	DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO.	N			
21.07	DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)	N			
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.	3	N		
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	N			
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.	N			
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.	/ /	/ /		
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.	/ /	/ /		
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.	/ /	/ /		
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.	/ /	/ /		
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.	/ /	/ /		
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.	/ /	/ /		
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.	/ /	/ /		
24	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY)				/ /
24.01	IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy).				/ /

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R?	N			
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	N			
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.				
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	N			
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	N	N		
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)	N	N		
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			0	
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /			/ /	
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /			/ /	
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N	/	/	/
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02				
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)		1	2	3
			0	0.0000	0.0000
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY		0.00	0	
A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)					
28.03	STAFFING	%	Y/N		
28.04	RECRUITMENT	0.00%			
28.05	RETENTION	0.00%			
28.06	TRAINING	0.00%			
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N			
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N			
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70				
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)	N			
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).	N			
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II	N			
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
MISCELLANEOUS COST REPORT INFORMATION					
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N			
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N			
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N			
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	V	XVIII	XIX
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	1	2	3
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	Y	N
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?	N	N	N

TITLE XIX INPATIENT SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	N
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	N
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	N
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	N
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	N

40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS).	Y	449008
40.01	NAME: COMMUNITY HEALTH SYSTEMS	FI/CONTRACTOR NAME	WPS
40.02	STREET: 4000 MERIDIAN BLVD	P.O. BOX:	
40.03	CITY: FRANKLIN	STATE: TN	ZIP CODE: 37067-
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y	
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY?	N	
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.	N	00/00/0000
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		
45.03	WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		
46	IF YOU ARE PARTICIPATING IN THE NHCNQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).		

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
48.01 SUBPROVIDER 2	N	N	N	N	N

52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS)	N
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV	N
53	IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE	
53.01	FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.	0
	MDH PERIOD: BEGINNING: / / ENDING: / /	
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:	
	PREMIUMS:	0
	PAID LOSSES:	0
	AND/OR SELF INSURANCE:	0
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO.	N

	DATE	Y OR N	LIMIT	Y OR N	FEES
	0	1	2	3	4
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULE AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	N	0.00		0
56.01	ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULE AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.		0.00		0
56.02	THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.		0.00		0
56.03	FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.		0.00		0

57

ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?

N

58

ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.

Y

Y

58.01

IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).

N

0

59

ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)

N

60

ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)

Y

N

60.01

IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC).

N

0

MULTICAMPUS

61.00

IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.

N

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
-----	-----	----	-----	-----	-----
62.00					0.00

SETTLEMENT DATA

63.00

WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY).

Y

3/19/2010

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATAI
I
IPROVIDER NO:
14-0033I PERIOD:
I FROM 12/ 1/2008
I TO 11/30/2009I PREPARED 4/30/2010
I WORKSHEET S-3
I PART I

COMPONENT		NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1	ADULTS & PEDIATRICS	16	5,840					2,479
2	HMO						240	
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	16	5,840					2,479
12	TOTAL	16	5,840					2,479
13	RPCH VISITS							
14	SUBPROVIDER	26	9,490				1,966	1,731
14	01 SUBPROVIDER II	25	9,125				4,085	344
25	TOTAL	67						
26	OBSERVATION BED DAYS							
26	01 OBSERVATION BED DAYS-SUB I							
26	02 OBSERVATION BED DAYS-SUB II							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

COMPONENT		TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/	TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	NOT ADMITTED 6.02	-- INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1	ADULTS & PEDIATRICS			3,514					
2	HMO								
2	01 HMO - (IRF PPS SUBPROVIDER)								
3	ADULTS & PED-SB SNF								
4	ADULTS & PED-SB NF								
5	TOTAL ADULTS AND PEDS			3,514					
12	TOTAL			3,514					
13	RPCH VISITS								
14	SUBPROVIDER			6,475					
14	01 SUBPROVIDER II			5,834					
25	TOTAL								
26	OBSERVATION BED DAYS			1			1		
26	01 OBSERVATION BED DAYS-SUB I								
26	02 OBSERVATION BED DAYS-SUB II								
27	AMBULANCE TRIPS								
28	EMPLOYEE DISCOUNT DAYS								
28	01 EMP DISCOUNT DAYS -IRF								
29	LABOR & DELIVERY DAYS								

COMPONENT		I & R FTES NET 9	--- FULL TIME EQUIV --- EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1	ADULTS & PEDIATRICS						333	569
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
12	TOTAL		82.07				333	569
13	RPCH VISITS							
14	SUBPROVIDER		24.24			274	232	1,048
14	01 SUBPROVIDER II		27.56			281	31	425
25	TOTAL		133.87					
26	OBSERVATION BED DAYS							
26	01 OBSERVATION BED DAYS-SUB I							
26	02 OBSERVATION BED DAYS-SUB II							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 4/30/2010
 I 14-0033 I FROM 12/ 1/2008 I WORKSHEET S-3
 I I TO 11/30/2009 I PARTS II & III

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1	SALARIES						
2	TOTAL SALARY	8,144,541		8,144,541	278,473.00	29.25	
3	NON-PHYSICIAN ANESTHETIST PART A						
4	NON-PHYSICIAN ANESTHETIST PART B						
4.01	PHYSICIAN - PART A						
5	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5.01	PHYSICIAN - PART B						
6	NON-PHYSICIAN - PART B						
6.01	INTERNS & RESIDENTS (APPRVD)						
7	CONTRACT SERVICES, I&R						
8	HOME OFFICE PERSONNEL SNF						
8.01	EXCLUDED AREA SALARIES	3,079,494		3,079,494	107,754.00	28.58	
9	OTHER WAGES & RELATED COSTS						
9.01	CONTRACT LABOR:	125,131		125,131	1,837.00	68.12	
9.02	PHARMACY SERVICES UNDER CONTRACT						
9.03	LABORATORY SERVICES UNDER CONTRACT						
10	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10.01	CONTRACT LABOR: PHYS PART A	47,825		47,825	471.00	101.54	
11	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
12	HOME OFFICE SALARIES & WAGE RELATED COSTS	311,187		311,187	3,314.00	93.90	
12.01	HOME OFFICE: PHYS PART A						
13	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
14	WAGE RELATED COSTS						
15	WAGE-RELATED COSTS (CORE)	919,354		919,354			CMS 339
16	WAGE-RELATED COSTS (OTHER)						CMS 339
17	EXCLUDED AREAS	558,957		558,957			CMS 339
18	NON-PHYS ANESTHETIST PART A						CMS 339
19	NON-PHYS ANESTHETIST PART B						CMS 339
20	PHYSICIAN PART A						CMS 339
21	PART A TEACHING PHYSICIANS						CMS 339
22	PHYSICIAN PART B						CMS 339
23	WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
24	INTERNS & RESIDENTS (APPRVD)						CMS 339
25	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS						
27	ADMINISTRATIVE & GENERAL	215,929		215,929	13,559.00	15.93	
28	A & G UNDER CONTRACT						
29	MAINTENANCE & REPAIRS						
30	OPERATION OF PLANT	252,536		252,536	11,260.00	22.43	
31	LAUNDRY & LINEN SERVICE						
32	HOUSEKEEPING						
33	HOUSEKEEPING UNDER CONTRACT						
34	DIETARY						
35	DIETARY UNDER CONTRACT						
36	CAFETERIA						
37	MAINTENANCE OF PERSONNEL						
38	NURSING ADMINISTRATION	65,448		65,448	2,716.00	24.10	
39	CENTRAL SERVICE AND SUPPLY						
40	PHARMACY						
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY						
42	SOCIAL SERVICE						
43	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	8,144,541		8,144,541	278,473.00	29.25	
2	EXCLUDED AREA SALARIES	3,079,494		3,079,494	107,754.00	28.58	
3	SUBTOTAL SALARIES	5,065,047		5,065,047	170,719.00	29.67	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	484,143		484,143	5,622.00	86.12	
5	SUBTOTAL WAGE-RELATED COSTS	919,354		919,354		18.15	
6	TOTAL	6,468,544		6,468,544	176,341.00	36.68	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	533,913		533,913	27,535.00	19.39	

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 4/30/2010
I	14-0033	I	FROM 12/ 1/2008	I	WORKSHEET S-10
I		I	TO 11/30/2009	I	
I		I		I	

DESCRIPTION

UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
2.01	IS IT AT THE TIME OF ADMISSION?
2.02	IS IT AT THE TIME OF FIRST BILLING?
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
2.04	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE 6,793
17.01	GROSS MEDICAID REVENUES 5,703,610
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
20	RESTRICTED GRANTS
21	NON-RESTRICTED GRANTS
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES 5,710,403
UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .237460
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 24,154,522

Health Financial Systems	MCRIF32	FOR VISTA MEDICAL CENTER WEST	IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
		I PROVIDER NO:	I PERIOD:
HOSPITAL UNCOMPENSATED CARE DATA		I 14-0033	I FROM 12/ 1/2008
		I	I TO 11/30/2009
		I	I

PREPARED 4/30/2010
WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	5,735,733
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	6,428,533
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,526,519
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	5,735,733

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-0033
II PERIOD:
I FROM 12/ 1/2008
I TO 11/30/2009 II PREPARED 4/30/2010
I WORKSHEET A
I

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		677,599	677,599	-62,365	615,234
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		465,903	465,903	72,967	538,870
5	0500	EMPLOYEE BENEFITS				833,882	833,882
6	0600	ADMINISTRATIVE & GENERAL	215,929	8,673,871	8,889,800	-772,336	8,117,464
7	0700	MAINTENANCE & REPAIRS					
8	0800	OPERATION OF PLANT	252,536	1,718,466	1,971,002	-4,586	1,966,416
9	0900	LAUNDRY & LINEN SERVICE		45,289	45,289		45,289
10	1000	HOUSEKEEPING		5,198	5,198		5,198
11	1100	DIETARY		382,106	382,106		382,106
12	1200	CAFETERIA					
14	1400	NURSING ADMINISTRATION	65,448	23,083	88,531		88,531
15	1500	CENTRAL SERVICES & SUPPLY		2,633	2,633		2,633
16	1600	PHARMACY		270,522	270,522	-268,018	2,504
17	1700	MEDICAL RECORDS & LIBRARY		3,287	3,287		3,287
18	1800	SOCIAL SERVICE					
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	936,015	93,272	1,029,287	-8,360	1,020,927
31	3100	SUBPROVIDER	1,350,789	315,062	1,665,851	-18,055	1,647,796
31.01	3101	SUBPROVIDER II	1,728,705	234,813	1,963,518	-19,171	1,944,347
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM		-388	-388	388	
37.01	3120	CARDIAC CATH					
38	3800	RECOVERY ROOM					
41	4100	RADIOLOGY-DIAGNOSTIC	107,430	51,932	159,362	354,748	514,110
41.01	4101	ULTRA SOUND	34,655	8,463	43,118	-43,118	
41.02	4102	MRI	153,115	158,515	311,630	-311,630	
44	4400	LABORATORY	808,975	520,136	1,329,111	-169	1,328,942
49	4900	RESPIRATORY THERAPY		25,495	25,495	-25,495	
50	5000	PHYSICAL THERAPY	510,915	50,031	560,946	372,522	933,468
51	5100	OCCUPATIONAL THERAPY	215,137	70,729	285,866	-285,866	
52	5200	SPEECH PATHOLOGY	79,642	7,014	86,656	-86,656	
53	5300	ELECTROCARDIOLOGY					
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				15,188	15,188
56	5600	DRUGS CHARGED TO PATIENTS				263,866	263,866
59	3550	MENTAL HEALTH ANCILLARY	731,355	391,373	1,122,728	-214	1,122,514
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC					
61	6100	EMERGENCY	953,895	443,136	1,397,031	-6,652	1,390,379
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		SPEC PURPOSE COST CENTERS					
95		SUBTOTALS	8,144,541	14,637,540	22,782,081	870	22,782,951
		NONREIMBURS COST CENTERS					
96.02	9602	WORKPOWER/CORP HEALTH					
98	9800	PHYSICIANS' PRIVATE OFFICES		104,708	104,708	-870	103,838
101		TOTAL	8,144,541	14,742,248	22,886,789	-0-	22,886,789

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-0033
II PERIOD:
I FROM 12/ 1/2008
I TO 11/30/2009I PREPARED 4/30/2010
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	1,088,953	1,704,187
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	21,425	560,295
5	0500 EMPLOYEE BENEFITS		833,882
6	0600 ADMINISTRATIVE & GENERAL	-6,342,819	1,774,645
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT	211,178	2,177,594
9	0900 LAUNDRY & LINEN SERVICE	34,018	79,307
10	1000 HOUSEKEEPING	728,362	733,560
11	1100 DIETARY		382,106
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION	-61,307	27,224
15	1500 CENTRAL SERVICES & SUPPLY		2,633
16	1600 PHARMACY		2,504
17	1700 MEDICAL RECORDS & LIBRARY	-60	3,227
18	1800 SOCIAL SERVICE		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		1,020,927
31	3100 SUBPROVIDER	-50,645	1,597,151
31.01	3101 SUBPROVIDER II		1,944,347
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		
37.01	3120 CARDIAC CATH		
38	3800 RECOVERY ROOM		
41	4100 RADIOLOGY-DIAGNOSTIC		514,110
41.01	4101 ULTRA SOUND		
41.02	4102 MRI		
44	4400 LABORATORY	-13,762	1,315,180
49	4900 RESPIRATORY THERAPY		
50	5000 PHYSICAL THERAPY		933,468
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		15,188
56	5600 DRUGS CHARGED TO PATIENTS		263,866
59	3550 MENTAL HEALTH ANCILLARY	-2,542	1,119,972
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
61	6100 EMERGENCY	30,607	1,420,986
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-4,356,592	18,426,359
	NONREIMBURS COST CENTERS		
96.02	9602 WORKPOWER/CORP HEALTH		
98	9800 PHYSICIANS' PRIVATE OFFICES		103,838
101	TOTAL	-4,356,592	18,530,197

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 4/30/2010
 I 14-0033 I FROM 12/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 11/30/2009 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER II	3101	SUBPROVIDER #####
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	CARDIAC CATH	3120	CARDIAC CATHETERIZATION LABORATORY
38	RECOVERY ROOM	3800	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRA SOUND	4101	RADIOLOGY-DIAGNOSTIC
41.02	MRI	4102	RADIOLOGY-DIAGNOSTIC
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	MENTAL HEALTH ANCILLARY	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96.02	WORKPOWER/CORP HEALTH	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

 PROVIDER NO:
140033

PERIOD:

FROM 12/ 1/2008

PREPARED 4/30/2010

WORKSHEET A-6

TO 11/30/2009

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		SALARY	OTHER
	(1)	COST CENTER	LINE	NO		
	1	2		3	4	5
1 RECLASS EMPLOYEE BENEFITS	A	EMPLOYEE BENEFITS		5		833,882
2 RECLASS OXYGEN COSTS	B	MEDICAL SUPPLIES CHARGED TO PATIENTS		55		15,188
3 RECLASS RENTAL & LEASES	C	NEW CAP REL COSTS-MVBLE EQUIP		4		72,967
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14 RECLASS OTHER CAPITAL COSTS	D	ADMINISTRATIVE & GENERAL		6		62,365
15 RECLASS OF DRUGS & IV SUPPLIES	E	DRUGS CHARGED TO PATIENTS		56		263,866
16 RECLAS OF THERAPY COSTS	F	PHYSICAL THERAPY		50	294,779	77,743
17						
18 RECLASS OTHER MISC DEPARTMENTS	G	OPERATING ROOM		37		388
19 RECLASS OTHER RADIOLOGY	H	RADIOLOGY-DIAGNOSTIC		41	187,770	166,978
20						
36 TOTAL RECLASSIFICATIONS					482,549	1,493,377

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

 PROVIDER NO:
140033

 PERIOD:
FROM 12/ 1/2008
TO 11/30/2009

 PREPARED 4/30/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	DECREASE					A-7 REF 10
	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 RECLASS EMPLOYEE BENEFITS	A	ADMINISTRATIVE & GENERAL	6		833,882	
2 RECLASS OXYGEN COSTS	B	RESPIRATORY THERAPY	49		15,188	
3 RECLASS RENTAL & LEASES	C	ADMINISTRATIVE & GENERAL	6		819	10
4		OPERATION OF PLANT	8		4,586	
5		PHARMACY	16		4,152	
6		SUBPROVIDER	31		18,055	
7		SUBPROVIDER II	31.01		19,171	
8		LABORATORY	44		169	
9		RESPIRATORY THERAPY	49		10,307	
10		MENTAL HEALTH ANCILLARY	59		214	
11		EMERGENCY	61		6,264	
12		PHYSICIANS' PRIVATE OFFICES	98		870	
13		ADULTS & PEDIATRICS	25		8,360	
14 RECLASS OTHER CAPITAL COSTS	D	NEW CAP REL COSTS-BLDG & FIXT	3		62,365	13
15 RECLASS OF DRUGS & IV SUPPLIES	E	PHARMACY	16		263,866	
16 RECLAS OF THERAPY COSTS	F	OCCUPATIONAL THERAPY	51	215,137	70,729	
17		SPEECH PATHOLOGY	52	79,642	7,014	
18 RECLASS OTHER MISC DEPARTMENTS	G	EMERGENCY	61		388	
19 RECLASS OTHER RADIOLOGY	H	ULTRA SOUND	41.01	34,655	8,463	
20		MRI	41.02	153,115	158,515	
36 TOTAL RECLASSIFICATIONS				482,549	1,493,377	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

 PROVIDER NO:
140033

PERIOD:

FROM 12/ 1/2008

PREPARED 4/30/2010

WORKSHEET A-6

TO 11/30/2009

NOT A CMS WORKSHEET

RECLASS CODE: A

EXPLANATION : RECLASS EMPLOYEE BENEFITS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	833,882
TOTAL RECLASSIFICATIONS FOR CODE A			833,882

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	833,882	
			833,882

RECLASS CODE: B

EXPLANATION : RECLASS OXYGEN COSTS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	15,188
TOTAL RECLASSIFICATIONS FOR CODE B			15,188

DECREASE			
COST CENTER	LINE	AMOUNT	
RESPIRATORY THERAPY	49	15,188	
			15,188

RECLASS CODE: C

EXPLANATION : RECLASS RENTAL & LEASES

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	72,967
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			72,967

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	819	
OPERATION OF PLANT	8	4,586	
PHARMACY	16	4,152	
SUBPROVIDER	31	18,055	
SUBPROVIDER II	31.01	19,171	
LABORATORY	44	169	
RESPIRATORY THERAPY	49	10,307	
MENTAL HEALTH ANCILLARY	59	214	
EMERGENCY	61	6,264	
PHYSICIANS' PRIVATE OFFICES	98	870	
ADULTS & PEDIATRICS	25	8,360	
			72,967

RECLASS CODE: D

EXPLANATION : RECLASS OTHER CAPITAL COSTS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	62,365
TOTAL RECLASSIFICATIONS FOR CODE D			62,365

DECREASE			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	62,365	
			62,365

RECLASS CODE: E

EXPLANATION : RECLASS OF DRUGS & IV SUPPLIES

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	263,866
TOTAL RECLASSIFICATIONS FOR CODE E			263,866

DECREASE			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	263,866	
			263,866

RECLASS CODE: F

EXPLANATION : RECLAS OF THERAPY COSTS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHYSICAL THERAPY	50	372,522
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE F			372,522

DECREASE			
COST CENTER	LINE	AMOUNT	
OCCUPATIONAL THERAPY	51	285,866	
SPEECH PATHOLOGY	52	86,656	
			372,522

RECLASS CODE: G

EXPLANATION : RECLASS OTHER MISC DEPARTMENTS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATING ROOM	37	388
TOTAL RECLASSIFICATIONS FOR CODE G			388

DECREASE			
COST CENTER	LINE	AMOUNT	
EMERGENCY	61	388	
			388

RECLASS CODE: H

EXPLANATION : RECLASS OTHER RADIOLOGY

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	RADIOLOGY-DIAGNOSTIC	41	354,748

DECREASE			
COST CENTER	LINE	AMOUNT	
ULTRA SOUND	41.01	43,118	

RECLASS CODE: H
EXPLANATION : RECLASS OTHER RADIOLOGY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00			0	MRI	41.02	311,630	
TOTAL RECLASSIFICATIONS FOR CODE H			354,748			354,748	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL							
8	RECONCILING ITEMS							
9	TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND	1,970,715					1,970,715	
2	LAND IMPROVEMENTS	474,117	42,564		42,564		516,681	
3	BUILDINGS & FIXTURE	27,310,374					27,310,374	
4	BUILDING IMPROVEMEN	2,515,259	134,286		134,286		2,649,545	
5	FIXED EQUIPMENT	4,527,989	235,555		235,555		4,763,544	
6	MOVABLE EQUIPMENT	23,040,458	414,908		414,908		23,455,366	
7	SUBTOTAL	59,838,912	827,313		827,313		60,666,225	
8	RECONCILING ITEMS							
9	TOTAL	59,838,912	827,313		827,313		60,666,225	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

DESCRIPTION		COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	37,210,860		37,210,860	.613370				
4	NEW CAP REL COSTS-MV	23,455,366		23,455,366	.386630				
5	TOTAL	60,666,226		60,666,226	1.000000				

DESCRIPTION		SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	570,511		1,196,041		-62,365		1,704,187
4	NEW CAP REL COSTS-MV	487,328	72,967					560,295
5	TOTAL	1,057,839	72,967	1,196,041		-62,365		2,264,482

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

DESCRIPTION		SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	677,599						677,599
4	NEW CAP REL COSTS-MV	465,903						465,903
5	TOTAL	1,143,502						1,143,502

- * All lines numbers except line 5 are to be consistent with workseet A line numbers for capital cost centers.
(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4.
Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 14-0033
II PERIOD: I PREPARED 4/30/2010
I FROM 12/ 1/2008 I WORKSHEET A-8
I TO 11/30/2009 I

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-11,061	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-66,949			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	1,865,332			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-60	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)	B	-61,307	NURSING ADMINISTRATION	14	
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	261,265	NEW CAP REL COSTS-BLDG &	3	9
32 DEPRECIATION-NEW MOVABLE EQUIP	A	-10,824	NEW CAP REL COSTS-MVBLE E	4	9
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 OTHER MISCELLANEOUS REVENUE	B	-79,665	ADMINISTRATIVE & GENERAL	6	
38 CON & ORG AMORTIZATION FEES	A	-25,472	ADMINISTRATIVE & GENERAL	6	
39 BAD DEBTS	A	-4,804,352	ADMINISTRATIVE & GENERAL	6	
40 STATE OPERATING TAX	A	-2,016,525	ADMINISTRATIVE & GENERAL	6	
41 PHONE & TV DEPRECIATION	A	-1,359	NEW CAP REL COSTS-MVBLE E	4	9
42 ALLOCATED SECURITY / PLANT OPS	A	211,178	OPERATION OF PLANT	8	
43 ALLOCATED HOUSEKEEPING	A	728,362	HOUSEKEEPING	10	
44 ALLOCATED LAUNDRY & LINEN	A	34,018	LAUNDRY & LINEN SERVICE	9	
45 ALLOCATED RECOVERY ROOM	A	6,771	EMERGENCY	61	
46 ALLOCATED ANESTHESIA	A	220	EMERGENCY	61	
47 ALLOCATED EKG	A	23,616	EMERGENCY	61	
48 RENTAL INCOME	B	-409,780	NEW CAP REL COSTS-BLDG &	3	9
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-4,356,592			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to worksheet A-7

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & INTEREST EXPENSES	1,196,041		1,196,041	11
2	6	ADMINISTRATIVE & GENERAL PASI OPERATING COSTS	362,303	139,231	223,072	
3	3	NEW CAP REL COSTS-BLDG & PASI CAPITAL	35,162		35,162	9
4	3	NEW CAP REL COSTS-BLDG & NEW CAPITAL - BUILDING &	6,265		6,265	9
4.01	4	NEW CAP REL COSTS-MVBLE E NEW CAPITAL - MOVABLE EQU	33,608		33,608	9
4.02	6	ADMINISTRATIVE & GENERAL NON-CAPITAL HOME OFFICE C	340,143		340,143	
4.03	6	ADMINISTRATIVE & GENERAL MALPRACTICE COSTS	31,041		31,041	
5		TOTALS	2,004,563	139,231	1,865,332	

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	0.00	COMMUNITY HEALTH SYSTEMS	100.00	HOME OFFICE
2	B	0.00	PASI	100.00	COLLECTION AGENCY
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 14-0033
I

I PERIOD:
I FROM 12/ 1/2008
I TO 11/30/2009

I PREPARED 4/30/2010
I WORKSHEET A-8-2
I GROUP 1

	WKSHT A LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUN- ERATION 3	PROFES- SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
1	31	SUBPROVIDER	50,645	50,645					
2	44	LABORATORY	13,762	13,762					
3	59	MENTAL HEALTH ANCILLARY	5,625		5,625	142,500	45	3,083	154
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	70,032	64,407	5,625		45	3,083	154

	WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
	10	11	12	13	14	15	16	17	18
1	31	SUBPROVIDER							50,645
2	44	LABORATORY							13,762
3	59	MENTAL HEALTH ANCILLARY					3,083	2,542	2,542
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL					3,083	2,542	66,949

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 4/30/2010
 I 14-0033 I FROM 12/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 11/30/2009 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	-5	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	3	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	7	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE	FEET	ENTERED
11	DIETARY	9	MEALS	SERVED	ENTERED
12	CAFETERIA	10	FTES		ENTERED
14	NURSING ADMINISTRATION	12	DIRECT	NRSG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	13	COSTED	REQUIS	ENTERED
16	PHARMACY	14	COSTED	REQUIS	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	NOT ENTERED
18	SOCIAL SERVICE	16	PATIENT	DAYS	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIV E & GENERAL	MAINTENANCE & REPAIRS
		0	3	4	5	5a.00	6	7
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &	1,704,187	1,704,187					
005	NEW CAP REL COSTS-MVBLE E	560,295		560,295				
006	EMPLOYEE BENEFITS	833,882			833,882			
007	ADMINISTRATIVE & GENERAL	1,774,645	78,135	25,689	22,108	1,900,577	1,900,577	
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT	2,177,594	994,582	326,994	25,856	3,525,026	402,867	
010	LAUNDRY & LINEN SERVICE	79,307	21,939	7,213		108,459	12,396	
011	HOUSEKEEPING	733,560	49,394	16,240		799,194	91,339	
012	DIETARY	382,106	13,138	4,319		399,563	45,666	
013	CAFETERIA							
014	NURSING ADMINISTRATION	27,224			6,701	33,925	3,877	
015	CENTRAL SERVICES & SUPPLY	2,633				2,633	301	
016	PHARMACY	2,504	27,065	8,898		38,467	4,396	
017	MEDICAL RECORDS & LIBRARY	3,227	11,559	3,800		18,586	2,124	
018	SOCIAL SERVICE							
025	INPAT ROUTINE SRVC CNTRS							
031	ADULTS & PEDIATRICS	1,020,927	62,066	20,406	95,834	1,199,233	137,059	
031	SUBPROVIDER	1,597,151	90,694	29,818	138,301	1,855,964	212,116	
031	01 SUBPROVIDER II	1,944,347	83,900	27,584	176,995	2,232,826	255,187	
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM							
038	01 CARDIAC CATH							
041	RECOVERY ROOM							
041	RADIOLOGY-DIAGNOSTIC	514,110			30,224	544,334	62,211	
041	01 ULTRA SOUND							
041	02 MRI							
044	LABORATORY	1,315,180	56,610	18,612	82,827	1,473,229	168,374	
049	RESPIRATORY THERAPY							
050	PHYSICAL THERAPY	933,468	39,180	12,882	82,491	1,068,021	122,063	
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY							
055	MEDICAL SUPPLIES CHARGED	15,188				15,188	1,736	
056	DRUGS CHARGED TO PATIENTS	263,866				263,866	30,157	
059	MENTAL HEALTH ANCILLARY	1,119,972	36,941	12,145	74,880	1,243,938	142,168	
060	OUTPAT SERVICE COST CNTRS							
061	CLINIC							
062	EMERGENCY	1,420,986	114,159	37,533	97,665	1,670,343	190,902	
095	OBSERVATION BEDS (NON-DIS							
095	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	18,426,359	1,679,362	552,133	833,882	18,393,372	1,884,939	
096	NONREIMBURS COST CENTERS							
096	02 WORKPOWER/CORP HEALTH							
098	PHYSICIANS' PRIVATE OFFIC	103,838	24,825	8,162		136,825	15,638	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	18,530,197	1,704,187	560,295	833,882	18,530,197	1,900,577	

COST CENTER DESCRIPTION		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		8	9	10	11	12	14	15
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL							
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT	3,927,893						
010	LAUNDRY & LINEN SERVICE	136,465	257,320					
011	HOUSEKEEPING	307,245		1,197,778				
012	DIETARY	81,720		28,093	555,042			
014	CAFETERIA							
015	NURSING ADMINISTRATION						37,802	
016	CENTRAL SERVICES & SUPPLY							2,934
017	PHARMACY	168,349		57,874				
018	MEDICAL RECORDS & LIBRARY	71,902		24,718				18
025	SOCIAL SERVICE							
031	INPAT ROUTINE SRVC CNTRS							
031	ADULTS & PEDIATRICS	386,067	40,951	132,720	119,196			53
031	SUBPROVIDER	564,140	59,840	193,938	219,638			144
031	01 SUBPROVIDER II	521,877	55,357	179,409	197,899			403
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM							
038	01 CARDIAC CATH							
041	RECOVERY ROOM							
041	RADIOLOGY-DIAGNOSTIC							35
041	01 ULTRA SOUND							
044	02 MRI							
049	LABORATORY	352,126		121,052				1,648
050	RESPIRATORY THERAPY							
051	PHYSICAL THERAPY	243,711	25,851	83,782				87
052	OCCUPATIONAL THERAPY							
053	SPEECH PATHOLOGY							
055	ELECTROCARDIOLOGY							
056	MEDICAL SUPPLIES CHARGED							
059	DRUGS CHARGED TO PATIENTS							
060	MENTAL HEALTH ANCILLARY	229,779		78,993				17
061	OUTPAT SERVICE COST CNTRS							
062	CLINIC							
062	EMERGENCY	710,095	75,321	244,114			37,802	523
095	OBSERVATION BEDS (NON-DIS							
095	SPEC PURPOSE COST CENTERS							
096	SUBTOTALS	3,773,476	257,320	1,144,693	536,733		37,802	2,928
098	NONREIMBURS COST CENTERS							
101	02 WORKPOWER/CORP HEALTH							
102	PHYSICIANS' PRIVATE OFFIC	154,417		53,085	18,309			6
103	CROSS FOOT ADJUSTMENT							
103	NEGATIVE COST CENTER							
103	TOTAL	3,927,893	257,320	1,197,778	555,042		37,802	2,934

COST CENTER DESCRIPTION		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
		16	17	18	25	26	27
003	GENERAL SERVICE COST CNTR						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
007	ADMINISTRATIVE & GENERAL						
008	MAINTENANCE & REPAIRS						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVICE						
011	HOUSEKEEPING						
012	DIETARY						
014	CAFETERIA						
015	NURSING ADMINISTRATION						
016	CENTRAL SERVICES & SUPPLY						
017	PHARMACY	269,086					
018	MEDICAL RECORDS & LIBRARY		117,348				
	SOCIAL SERVICE						
	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS		12,080		2,027,359		2,027,359
031	SUBPROVIDER		16,921		3,122,701		3,122,701
031 01	SUBPROVIDER II		12,787		3,455,745		3,455,745
	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM						
037 01	CARDIAC CATH						
038	RECOVERY ROOM						
041	RADIOLOGY-DIAGNOSTIC		10,787		617,367		617,367
041 01	ULTRA SOUND						
041 02	MRI						
044	LABORATORY		18,328		2,134,757		2,134,757
049	RESPIRATORY THERAPY						
050	PHYSICAL THERAPY		9,253		1,552,768		1,552,768
051	OCCUPATIONAL THERAPY						
052	SPEECH PATHOLOGY						
053	ELECTROCARDIOLOGY						
055	MEDICAL SUPPLIES CHARGED		9		16,933		16,933
056	DRUGS CHARGED TO PATIENTS	269,086	9,371		572,480		572,480
059	MENTAL HEALTH ANCILLARY		5,960		1,700,855		1,700,855
	OUTPAT SERVICE COST CNTRS						
060	CLINIC						
061	EMERGENCY		21,852		2,950,952		2,950,952
062	OBSERVATION BEDS (NON-DIS						
	SPEC PURPOSE COST CENTERS						
095	SUBTOTALS	269,086	117,348		18,151,917		18,151,917
	NONREIMBURS COST CENTERS						
096 02	WORKPOWER/CORP HEALTH						
098	PHYSICIANS' PRIVATE OFFIC				378,280		378,280
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	TOTAL	269,086	117,348		18,530,197		18,530,197

COST CENTER DESCRIPTION		DIR ASSIGNED NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5	ADMINISTRATIV E & GENERAL 6	MAINTENANCE & REPAIRS 7
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL		78,135	25,689	103,824		103,824	
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT		994,582	326,994	1,321,576		22,013	
010	LAUNDRY & LINEN SERVICE		21,939	7,213	29,152		677	
011	HOUSEKEEPING		49,394	16,240	65,634		4,989	
012	DIETARY		13,138	4,319	17,457		2,494	
014	CAFETERIA							
015	NURSING ADMINISTRATION						212	
016	CENTRAL SERVICES & SUPPLY						16	
017	PHARMACY		27,065	8,898	35,963		240	
018	MEDICAL RECORDS & LIBRARY		11,559	3,800	15,359		116	
025	SOCIAL SERVICE							
031	INPAT ROUTINE SRVC CNTRS							
031	ADULTS & PEDIATRICS		62,066	20,406	82,472		7,487	
031	SUBPROVIDER		90,694	29,818	120,512		11,587	
031	01 SUBPROVIDER II		83,900	27,584	111,484		13,940	
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM							
038	01 CARDIAC CATH							
041	RECOVERY ROOM							
041	RADIOLOGY-DIAGNOSTIC						3,398	
041	01 ULTRA SOUND							
041	02 MRI							
044	LABORATORY		56,610	18,612	75,222		9,197	
049	RESPIRATORY THERAPY							
050	PHYSICAL THERAPY		39,180	12,882	52,062		6,668	
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY							
055	MEDICAL SUPPLIES CHARGED						95	
056	DRUGS CHARGED TO PATIENTS						1,647	
059	MENTAL HEALTH ANCILLARY		36,941	12,145	49,086		7,766	
060	OUTPAT SERVICE COST CNTRS							
061	CLINIC							
062	EMERGENCY		114,159	37,533	151,692		10,428	
095	OBSERVATION BEDS (NON-DIS							
095	SPEC PURPOSE COST CENTERS							
096	SUBTOTALS		1,679,362	552,133	2,231,495		102,970	
096	NONREIMBURS COST CENTERS							
098	02 WORKPOWER/CORP HEALTH							
101	PHYSICIANS' PRIVATE OFFIC		24,825	8,162	32,987		854	
102	CROSS FOOT ADJUSTMENTS							
103	NEGATIVE COST CENTER							
103	TOTAL		1,704,187	560,295	2,264,482		103,824	

COST CENTER DESCRIPTION		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		8	9	10	11	12	14	15
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL							
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT	1,343,589						
010	LAUNDRY & LINEN SERVICE	46,680	76,509					
011	HOUSEKEEPING	105,097		175,720				
012	DIETARY	27,953		4,121	52,025			
014	CAFETERIA							
015	NURSING ADMINISTRATION						212	
016	CENTRAL SERVICES & SUPPLY							16
017	PHARMACY	57,586		8,490				
018	MEDICAL RECORDS & LIBRARY	24,595		3,626				
025	SOCIAL SERVICE							
031	INPAT ROUTINE SRVC CNTRS							
031	ADULTS & PEDIATRICS	132,059	12,176	19,471	11,172			
031	SUBPROVIDER	192,972	17,792	28,452	20,588			1
031	01 SUBPROVIDER II	178,515	16,459	26,320	18,549			2
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM							
038	01 CARDIAC CATH							
041	RECOVERY ROOM							
041	RADIOLOGY-DIAGNOSTIC							
041	01 ULTRA SOUND							
041	02 MRI							
044	LABORATORY	120,449		17,759				10
049	RESPIRATORY THERAPY							
050	PHYSICAL THERAPY	83,365	7,686	12,291				
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY							
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
059	MENTAL HEALTH ANCILLARY	78,599		11,589				
060	OUTPAT SERVICE COST CNTRS							
061	CLINIC							
062	EMERGENCY	242,898	22,396	35,813			212	3
095	OBSERVATION BEDS (NON-DIS							
095	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	1,290,768	76,509	167,932	50,309		212	16
096	NONREIMBURS COST CENTERS							
098	02 WORKPOWER/CORP HEALTH							
101	PHYSICIANS' PRIVATE OFFIC	52,821		7,788	1,716			
102	CROSS FOOT ADJUSTMENTS							
103	NEGATIVE COST CENTER							
103	TOTAL	1,343,589	76,509	175,720	52,025		212	16

	COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL REC'D DS & LIBRARY 17	SOCIAL SERVICE E 18	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
003	GENERAL SERVICE COST CNTR						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
007	ADMINISTRATIVE & GENERAL						
008	MAINTENANCE & REPAIRS						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVICE						
011	HOUSEKEEPING						
012	DIETARY						
014	CAFETERIA						
015	NURSING ADMINISTRATION						
016	CENTRAL SERVICES & SUPPLY						
017	PHARMACY	102,279					
018	MEDICAL RECORDS & LIBRARY		43,696				
	SOCIAL SERVICE						
	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS		4,501		269,338		269,338
031	SUBPROVIDER		6,305		398,209		398,209
031	01 SUBPROVIDER II		4,765		370,034		370,034
	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM						
037	01 CARDIAC CATH						
038	RECOVERY ROOM						
041	RADIOLOGY-DIAGNOSTIC		4,020		7,418		7,418
041	01 ULTRA SOUND						
041	02 MRI						
044	LABORATORY		6,830		229,467		229,467
049	RESPIRATORY THERAPY						
050	PHYSICAL THERAPY		3,448		165,520		165,520
051	OCCUPATIONAL THERAPY						
052	SPEECH PATHOLOGY						
053	ELECTROCARDIOLOGY						
055	MEDICAL SUPPLIES CHARGED		4		99		99
056	DRUGS CHARGED TO PATIENTS	102,279	3,492		107,418		107,418
059	MENTAL HEALTH ANCILLARY		2,221		149,261		149,261
	OUTPAT SERVICE COST CNTRS						
060	CLINIC						
061	EMERGENCY		8,110		471,552		471,552
062	OBSERVATION BEDS (NON-DIS						
	SPEC PURPOSE COST CENTERS						
095	SUBTOTALS	102,279	43,696		2,168,316		2,168,316
	NONREIMBURS COST CENTERS						
096	02 WORKPOWER/CORP HEALTH						
098	PHYSICIANS' PRIVATE OFFIC				96,166		96,166
101	CROSS FOOT ADJUSTMENTS						
102	NEGATIVE COST CENTER						
103	TOTAL	102,279	43,696		2,264,482		2,264,482

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS		ADMINISTRATIV E & GENERAL	MAINTENANCE & REPAIRS
		(SQUARE FEET	(SQUARE FEET	(GROSS SALARIES)	RECONCIL- IATION	(ACCUM. COST	(SQUARE FEET)
		3	4	5	6a.00	6	7
003	GENERAL SERVICE COST						
004	NEW CAP REL COSTS-BLD	226,745					
005	NEW CAP REL COSTS-MVB		226,745				
006	EMPLOYEE BENEFITS			8,144,541			
007	ADMINISTRATIVE & GENE	10,396	10,396	215,929	-1,900,577	16,629,620	
008	MAINTENANCE & REPAIRS						216,349
009	OPERATION OF PLANT	132,331	132,331	252,536		3,525,026	132,331
010	LAUNDRY & LINEN SERVI	2,919	2,919			108,459	2,919
011	HOUSEKEEPING	6,572	6,572			799,194	6,572
012	DIETARY	1,748	1,748			399,563	1,748
014	CAFETERIA						
015	NURSING ADMINISTRATIO			65,448		33,925	
016	CENTRAL SERVICES & SU					2,633	
017	PHARMACY	3,601	3,601			38,467	3,601
018	MEDICAL RECORDS & LIB	1,538	1,538			18,586	1,538
025	SOCIAL SERVICE						
031	INPAT ROUTINE SRVC CN						
031	ADULTS & PEDIATRICS	8,258	8,258	936,015		1,199,233	8,258
031	SUBPROVIDER	12,067	12,067	1,350,789		1,855,964	12,067
031	01 SUBPROVIDER II	11,163	11,163	1,728,705		2,232,826	11,163
037	ANCILLARY SRVC COST C						
037	OPERATING ROOM						
038	01 CARDIAC CATH						
041	RECOVERY ROOM						
041	RADIOLOGY-DIAGNOSTIC			295,200		544,334	
041	01 ULTRA SOUND						
044	02 MRI						
049	LABORATORY	7,532	7,532	808,975		1,473,229	7,532
050	RESPIRATORY THERAPY						
051	PHYSICAL THERAPY	5,213	5,213	805,694		1,068,021	5,213
052	OCCUPATIONAL THERAPY						
053	SPEECH PATHOLOGY						
055	ELECTROCARDIOLOGY						
056	MEDICAL SUPPLIES CHAR					15,188	
059	DRUGS CHARGED TO PATI					263,866	
060	MENTAL HEALTH ANCILLA	4,915	4,915	731,355		1,243,938	4,915
061	OUTPAT SERVICE COST C						
062	CLINIC						
062	EMERGENCY	15,189	15,189	953,895		1,670,343	15,189
095	OBSERVATION BEDS (NON						
095	SPEC PURPOSE COST CEN						
096	SUBTOTALS	223,442	223,442	8,144,541	-1,900,577	16,492,795	213,046
098	NONREIMBURS COST CENT						
101	02 WORKPOWER/CORP HEALTH						
102	PHYSICIANS' PRIVATE O	3,303	3,303			136,825	3,303
103	CROSS FOOT ADJUSTMENT						
104	NEGATIVE COST CENTER						
105	COST TO BE ALLOCATED	1,704,187	560,295	833,882		1,900,577	
106	(WRKSHT B, PART I)						
107	UNIT COST MULTIPLIER	7.515875		.102385		.114289	
108	(WRKSHT B, PT I)		2.471036				
109	COST TO BE ALLOCATED						
110	(WRKSHT B, PART II)						
111	UNIT COST MULTIPLIER						
112	(WRKSHT B, PT II)						
113	COST TO BE ALLOCATED					103,824	
114	(WRKSHT B, PART III)						
115	UNIT COST MULTIPLIER					.006243	
116	(WRKSHT B, PT III)						

COST CENTER DESCRIPTION		OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY
		(SQUARE FEET	(POUNDS OF)LAUNDRY	(SQUARE)FEET	(MEALS)SERVED	(FTES)	(DIRECT)NRSNG HRS	(COSTED)REQUIS)
		8	9	10	11	12	14	15
003	GENERAL SERVICE COST							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENE							
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT	84,018						
010	LAUNDRY & LINEN SERVI	2,919	238,229					
011	HOUSEKEEPING	6,572		74,527				
012	DIETARY	1,748		1,748	50,989			
014	CAFETERIA					12,194		
015	NURSING ADMINISTRATIO					131	953,895	
016	CENTRAL SERVICES & SU							483,896
017	PHARMACY	3,601		3,601				
018	MEDICAL RECORDS & LIB	1,538		1,538				3,027
025	SOCIAL SERVICE							
031	INPAT ROUTINE SRVC CN							
031	ADULTS & PEDIATRICS	8,258	37,913	8,258	10,950	1,634		8,716
031	SUBPROVIDER	12,067	55,400	12,067	20,177	2,424		23,822
031	01 SUBPROVIDER II	11,163	51,250	11,163	18,180	2,756		66,430
037	ANCILLARY SRVC COST C							
037	OPERATING ROOM							
038	01 CARDIAC CATH							
041	RECOVERY ROOM							
041	RADIOLOGY-DIAGNOSTIC					319		5,818
041	01 ULTRA SOUND							
041	02 MRI							
044	LABORATORY	7,532		7,532		1,279		271,696
049	RESPIRATORY THERAPY							
050	PHYSICAL THERAPY	5,213	23,933	5,213		1,151		14,268
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY							
055	MEDICAL SUPPLIES CHAR							
056	DRUGS CHARGED TO PATI							
059	MENTAL HEALTH ANCILLA	4,915		4,915		1,192		2,864
060	OUTPAT SERVICE COST C							
061	CLINIC							
062	EMERGENCY	15,189	69,733	15,189		1,308	953,895	86,302
095	OBSERVATION BEDS (NON							
095	SPEC PURPOSE COST CEN							
095	SUBTOTALS	80,715	238,229	71,224	49,307	12,194	953,895	482,943
096	NONREIMBURS COST CENT							
098	02 WORKPOWER/CORP HEALTH							
101	PHYSICIANS' PRIVATE O	3,303		3,303	1,682			953
102	CROSS FOOT ADJUSTMENT							
103	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	3,927,893	257,320	1,197,778	555,042		37,802	2,934
104	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		1.080137		10.885524		.039629	
105	(WRKSHT B, PT I)	46.750613		16.071732				.006063
106	COST TO BE ALLOCATED							
106	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
107	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	1,343,589	76,509	175,720	52,025		212	16
108	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		.321157		1.020318		.000222	
	(WRKSHT B, PT III)	15.991680		2.357803				.000033

COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E (PATIENT DAYS
	16	17	18
003 GENERAL SERVICE COST			
004 NEW CAP REL COSTS-BLD			
005 NEW CAP REL COSTS-MVB			
006 EMPLOYEE BENEFITS			
007 ADMINISTRATIVE & GENE			
008 MAINTENANCE & REPAIRS			
009 OPERATION OF PLANT			
010 LAUNDRY & LINEN SERVI			
011 HOUSEKEEPING			
012 DIETARY			
014 CAFETERIA			
015 NURSING ADMINISTRATIO			
016 CENTRAL SERVICES & SU			
017 PHARMACY	263,866		
018 MEDICAL RECORDS & LIB		76,441,947	
025 SOCIAL SERVICE			15,823
031 INPAT ROUTINE SRVC CN			
031 ADULTS & PEDIATRICS		7,869,499	3,514
031 SUBPROVIDER		11,023,354	6,475
031 01 SUBPROVIDER II		8,330,523	5,834
037 ANCILLARY SRVC COST C			
037 01 OPERATING ROOM			
038 CARDIAC CATH			
041 RECOVERY ROOM			
041 RADIOLOGY-DIAGNOSTIC		7,027,477	
041 01 ULTRA SOUND			
041 02 MRI			
044 LABORATORY		11,940,073	
049 RESPIRATORY THERAPY			
050 PHYSICAL THERAPY		6,028,228	
051 OCCUPATIONAL THERAPY			
052 SPEECH PATHOLOGY			
053 ELECTROCARDIOLOGY			
055 MEDICAL SUPPLIES CHAR		6,132	
056 DRUGS CHARGED TO PATI	263,866	6,105,142	
059 MENTAL HEALTH ANCILLA		3,882,920	
060 OUTPAT SERVICE COST C			
061 CLINIC			
062 EMERGENCY		14,228,599	
095 OBSERVATION BEDS (NON			
095 SPEC PURPOSE COST CEN			
095 SUBTOTALS	263,866	76,441,947	15,823
096 02 NONREIMBURS COST CENT			
098 WORKPOWER/CORP HEALTH			
101 PHYSICIANS' PRIVATE O			
102 CROSS FOOT ADJUSTMENT			
103 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED	269,086	117,348	
104 (PER WRKSHT B, PART			
104 UNIT COST MULTIPLIER		.001535	
105 (WRKSHT B, PT I)	1.019783		
105 COST TO BE ALLOCATED			
106 (PER WRKSHT B, PART			
106 UNIT COST MULTIPLIER			
107 (WRKSHT B, PT II)			
107 COST TO BE ALLOCATED	102,279	43,696	
108 (PER WRKSHT B, PART			
108 UNIT COST MULTIPLIER		.000572	
108 (WRKSHT B, PT III)	.387617		

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
31	ADULTS & PEDIATRICS	2,027,359		2,027,359		2,027,359
31	SUBPROVIDER	3,122,701		3,122,701		3,122,701
31	01 SUBPROVIDER II	3,455,745		3,455,745		3,455,745
37	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
37	01 CARDIAC CATH					
38	RECOVERY ROOM					
41	RADIOLOGY-DIAGNOSTIC	617,367		617,367		617,367
41	01 ULTRA SOUND					
41	02 MRI					
44	LABORATORY	2,134,757		2,134,757		2,134,757
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY	1,552,768		1,552,768		1,552,768
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED	16,933		16,933		16,933
56	DRUGS CHARGED TO PATIENTS	572,480		572,480		572,480
59	MENTAL HEALTH ANCILLARY	1,700,855		1,700,855	2,542	1,703,397
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	2,950,952		2,950,952		2,950,952
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	18,151,917		18,151,917	2,542	18,154,459
102	LESS OBSERVATION BEDS					
103	TOTAL	18,151,917		18,151,917	2,542	18,154,459

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
31	ADULTS & PEDIATRICS	7,869,499		7,869,499			
31	SUBPROVIDER	11,023,354		11,023,354			
31	01 SUBPROVIDER II	8,330,523		8,330,523			
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37	01 CARDIAC CATH						
38	RECOVERY ROOM						
41	RADIOLOGY-DIAGNOSTIC	367,171	6,660,306	7,027,477	.087850	.087850	.087850
41	01 ULTRA SOUND						
41	02 MRI						
44	LABORATORY	3,608,987	8,331,086	11,940,073	.178789	.178789	.178789
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	6,027,973	255	6,028,228	.257583	.257583	.257583
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED	6,132		6,132	2.761416	2.761416	2.761416
56	DRUGS CHARGED TO PATIENTS	4,889,653	1,215,489	6,105,142	.093770	.093770	.093770
59	MENTAL HEALTH ANCILLARY	421,571	3,461,349	3,882,920	.438035	.438035	.438690
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY	1,596,060	12,632,539	14,228,599	.207396	.207396	.207396
62	OBSERVATION BEDS (NON-DIS						
62	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	44,140,923	32,301,024	76,441,947			
102	LESS OBSERVATION BEDS						
103	TOTAL	44,140,923	32,301,024	76,441,947			

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
31	ADULTS & PEDIATRICS	2,027,359		2,027,359		2,027,359
31	SUBPROVIDER	3,122,701		3,122,701		3,122,701
31	01 SUBPROVIDER II	3,455,745		3,455,745		3,455,745
37	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
37	01 CARDIAC CATH					
38	RECOVERY ROOM					
41	RADIOLOGY-DIAGNOSTIC	617,367		617,367		617,367
41	01 ULTRA SOUND					
41	02 MRI					
44	LABORATORY	2,134,757		2,134,757		2,134,757
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY	1,552,768		1,552,768		1,552,768
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED	16,933		16,933		16,933
56	DRUGS CHARGED TO PATIENTS	572,480		572,480		572,480
59	MENTAL HEALTH ANCILLARY	1,700,855		1,700,855	2,542	1,703,397
60	OUTPAT SERVICE COST CNTRS					
61	CLINIC					
61	EMERGENCY	2,950,952		2,950,952		2,950,952
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	18,151,917		18,151,917	2,542	18,154,459
102	LESS OBSERVATION BEDS					
103	TOTAL	18,151,917		18,151,917	2,542	18,154,459

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
31	ADULTS & PEDIATRICS	7,869,499		7,869,499			
31	SUBPROVIDER	11,023,354		11,023,354			
31	01 SUBPROVIDER II	8,330,523		8,330,523			
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	01 CARDIAC CATH						
41	RECOVERY ROOM						
41	RADIOLOGY-DIAGNOSTIC	367,171	6,660,306	7,027,477	.087850	.087850	.087850
41	01 ULTRA SOUND						
41	02 MRI						
44	LABORATORY	3,608,987	8,331,086	11,940,073	.178789	.178789	.178789
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	6,027,973	255	6,028,228	.257583	.257583	.257583
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED	6,132		6,132	2.761416	2.761416	2.761416
56	DRUGS CHARGED TO PATIENTS	4,889,653	1,215,489	6,105,142	.093770	.093770	.093770
59	MENTAL HEALTH ANCILLARY	421,571	3,461,349	3,882,920	.438035	.438035	.438690
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY	1,596,060	12,632,539	14,228,599	.207396	.207396	.207396
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	44,140,923	32,301,024	76,441,947			
102	LESS OBSERVATION BEDS						
103	TOTAL	44,140,923	32,301,024	76,441,947			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	01 CARDIAC CATH						
41	RECOVERY ROOM						
41	RADIOLOGY-DIAGNOSTIC	617,367	7,418	609,949			617,367
41	01 ULTRA SOUND						
41	02 MRI						
44	LABORATORY	2,134,757	229,467	1,905,290			2,134,757
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	1,552,768	165,520	1,387,248			1,552,768
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED	16,933	99	16,834			16,933
56	DRUGS CHARGED TO PATIENTS	572,480	107,418	465,062			572,480
59	MENTAL HEALTH ANCILLARY	1,700,855	149,261	1,551,594			1,700,855
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	2,950,952	471,552	2,479,400			2,950,952
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	9,546,112	1,130,735	8,415,377			9,546,112
102	LESS OBSERVATION BEDS						
103	TOTAL	9,546,112	1,130,735	8,415,377			9,546,112

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
37	01 CARDIAC CATH			
38	RECOVERY ROOM			
41	RADIOLOGY-DIAGNOSTIC	7,027,477	.087850	.087850
41	01 ULTRA SOUND			
41	02 MRI			
44	LABORATORY	11,940,073	.178789	.178789
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY	6,028,228	.257583	.257583
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
55	MEDICAL SUPPLIES CHARGED	6,132	2.761416	2.761416
56	DRUGS CHARGED TO PATIENTS	6,105,142	.093770	.093770
59	MENTAL HEALTH ANCILLARY	3,882,920	.438035	.438035
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	14,228,599	.207396	.207396
62	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	49,218,571		
102	LESS OBSERVATION BEDS			
103	TOTAL	49,218,571		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37	01 CARDIAC CATH						
38	RECOVERY ROOM						
41	RADIOLOGY-DIAGNOSTIC	617,367	7,418	609,949	742	35,377	581,248
41	01 ULTRA SOUND						
41	02 MRI						
44	LABORATORY	2,134,757	229,467	1,905,290	22,947	110,507	2,001,303
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	1,552,768	165,520	1,387,248	16,552	80,460	1,455,756
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED	16,933	99	16,834	10	976	15,947
56	DRUGS CHARGED TO PATIENTS	572,480	107,418	465,062	10,742	26,974	534,764
59	MENTAL HEALTH ANCILLARY	1,700,855	149,261	1,551,594	14,926	89,992	1,595,937
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	2,950,952	471,552	2,479,400	47,155	143,805	2,759,992
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	9,546,112	1,130,735	8,415,377	113,074	488,091	8,944,947
102	LESS OBSERVATION BEDS						
103	TOTAL	9,546,112	1,130,735	8,415,377	113,074	488,091	8,944,947

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
37	01 CARDIAC CATH			
38	RECOVERY ROOM			
41	RADIOLOGY-DIAGNOSTIC	7,027,477	.082711	.087745
41	01 ULTRA SOUND			
41	02 MRI			
44	LABORATORY	11,940,073	.167612	.176867
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY	6,028,228	.241490	.254837
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
55	MEDICAL SUPPLIES CHARGED	6,132	2.600620	2.759785
56	DRUGS CHARGED TO PATIENTS	6,105,142	.087592	.092011
59	MENTAL HEALTH ANCILLARY	3,882,920	.411015	.434191
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	14,228,599	.193975	.204082
62	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	49,218,571		
102	LESS OBSERVATION BEDS			
103	TOTAL	49,218,571		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS				269,338		269,338
31	ADULTS & PEDIATRICS				398,209		398,209
31	SUBPROVIDER				370,034		370,034
101	01 SUBPROVIDER II						
	TOTAL				1,037,581		1,037,581

WKST A	COST CENTER DESCRIPTION	TOTAL	INPATIENT	OLD CAPITAL	INPAT PROGRAM	NEW CAPITAL	INPAT PROGRAM
LINE NO.		PATIENT DAYS	PROGRAM DAYS	PER DIEM	OLD CAP CST	PER DIEM	NEW CAP CST
		7	8	9	10	11	12
25	INPAT ROUTINE SRVC CNTRS	3,515				76.63	
31	ADULTS & PEDIATRICS	6,475	1,966			61.50	120,909
31	01 SUBPROVIDER	5,834	4,085			63.43	259,112
101	SUBPROVIDER II	15,824	6,051				380,021
	TOTAL						

PPS

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN	MED EDUCATN	SWING BED	TOTAL	TOTAL	PER DIEM
LINE NO.		ANESTHETIST	COST	ADJ AMOUNT	COSTS	PATIENT DAYS	
		1	2	3	4	5	6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					3,515	
31	SUBPROVIDER					6,475	
31	01 SUBPROVIDER II					5,834	
101	TOTAL					15,824	

Health Financial Systems	MCRIF32	FOR VISTA MEDICAL CENTER WEST	IN LIEU OF FORM CMS-2552-96(11/1998)
APPORTIONMENT OF INPATIENT ROUTINE		I PROVIDER NO:	I PERIOD: I PREPARED 4/30/2010
SERVICE OTHER PASS THROUGH COSTS		I 14-0033	I FROM 12/ 1/2008 I WORKSHEET D
TITLE XVIII, PART A		I	I TO 11/30/2009 I PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		
31	SUBPROVIDER	1,966	
31 01	SUBPROVIDER II	4,085	
101	TOTAL	6,051	

TITLE XVIII, PART B

HOSPITAL

		Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
Cost Center Description		1	1.02	2	3	4
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
37	01 CARDIAC CATH					
38	RECOVERY ROOM					
41	RADIOLOGY-DIAGNOSTIC	.087850	.087850			
41	01 ULTRA SOUND					
41	02 MRI					
44	LABORATORY	.178789	.178789			
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY	.257583	.257583			
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.761416	2.761416			
56	DRUGS CHARGED TO PATIENTS	.093770	.093770			
59	MENTAL HEALTH ANCILLARY	.438035	.438035			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	.207396	.207396			
62	OBSERVATION BEDS (NON-DISTINCT PART)					
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES					

```

(A)      ANCILLARY SRVC COST CNTRS
37      OPERATING ROOM
37      01 CARDIAC CATH
38      RECOVERY ROOM
41      RADIOLOGY-DIAGNOSTIC
41      01 ULTRA SOUND
41      02 MRI
44      LABORATORY
49      RESPIRATORY THERAPY
50      PHYSICAL THERAPY
51      OCCUPATIONAL THERAPY
52      SPEECH PATHOLOGY
53      ELECTROCARDIOLOGY
55      MEDICAL SUPPLIES CHARGED TO PATIENTS
56      DRUGS CHARGED TO PATIENTS
59      MENTAL HEALTH ANCILLARY
        OUTPAT SERVICE COST CNTRS
60      CLINIC
61      EMERGENCY
62      OBSERVATION BEDS (NON-DISTINCT PART)
101     SUBTOTAL
102     CRNA CHARGES
103     LESS PBP CLINIC LAB SVCS-
        PROGRAM ONLY CHARGES
104     NET CHARGES

```

TITLE XVIII, PART B		HOSPITAL		14-0033		1		1	
		Outpatient Radiology	Other Outpatient Diagnostic	All Other		PPS Services FYB to 12/31		Non-PPS Services	
Cost Center Description		7	8	9		9.01		9.02	
(A)	ANCILLARY SRVC COST CNTRS								
37	OPERATING ROOM								
37	01 CARDIAC CATH								
38	RECOVERY ROOM								
41	RADIOLOGY-DIAGNOSTIC						50,269		
41	01 ULTRA SOUND								
41	02 MRI								
44	LABORATORY						44		
49	RESPIRATORY THERAPY								
50	PHYSICAL THERAPY								
51	OCCUPATIONAL THERAPY								
52	SPEECH PATHOLOGY								
53	ELECTROCARDIOLOGY								
55	MEDICAL SUPPLIES CHARGED TO PATIENTS								
56	DRUGS CHARGED TO PATIENTS						5,310		
59	MENTAL HEALTH ANCILLARY						262,943		
	OUTPAT SERVICE COST CNTRS								
60	CLINIC								
61	EMERGENCY						180,264		
62	OBSERVATION BEDS (NON-DISTINCT PART)								
101	SUBTOTAL						498,830		
102	CRNA CHARGES								
103	LESS PBP CLINIC LAB SVCS-								
	PROGRAM ONLY CHARGES								
104	NET CHARGES						498,830		

TITLE XVIII, PART B

HOSPITAL

		PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
Cost Center Description		9.03	10	11
(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
37	01 CARDIAC CATH			
38	RECOVERY ROOM			
41	RADIOLOGY-DIAGNOSTIC			
41	01 ULTRA SOUND			
41	02 MRI			
44	LABORATORY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY			
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS			
59	MENTAL HEALTH ANCILLARY			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DISTINCT PART)			
101	SUBTOTAL			
102	CRNA CHARGES			
103	LESS PBP CLINIC LAB SVCS-			
	PROGRAM ONLY CHARGES			
104	NET CHARGES			

TITLE XVIII, PART A		SUBPROVIDER 1		PPS			
WKST A	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
LINE NO.							
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37 01	CARDIAC CATH						
38	RECOVERY ROOM						
41	RADIOLOGY-DIAGNOSTIC		7,418	7,027,477	54,778		
41 01	ULTRA SOUND						
41 02	MRI						
44	LABORATORY		229,467	11,940,073	589,937		
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY		165,520	6,028,228	2,797		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED		99	6,132	12		
56	DRUGS CHARGED TO PATIENTS		107,418	6,105,142	472,289		
59	MENTAL HEALTH ANCILLARY		149,261	3,882,920	100,356		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY		471,552	14,228,599	288,766		
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		1,130,735	49,218,571	1,508,935		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 4/30/2010
I	14-0033	I	FROM 12/ 1/2008	I	WORKSHEET D
I	COMPONENT NO:	I	TO 11/30/2009	I	PART II
I	14-S033	I		I	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
37 01	CARDIAC CATH		
38	RECOVERY ROOM		
41	RADIOLOGY-DIAGNOSTIC	.001056	58
41 01	ULTRA SOUND		
41 02	MRI		
44	LABORATORY	.019218	11,337
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY	.027457	77
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
55	MEDICAL SUPPLIES CHARGED	.016145	
56	DRUGS CHARGED TO PATIENTS	.017595	8,310
59	MENTAL HEALTH ANCILLARY	.038440	3,858
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY	.033141	9,570
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		33,210

TITLE XVIII, PART A		SUBPROVIDER 1		PPS			
WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN		MED ED NRS	MED ED ALLIED	MED ED ALL	BLOOD CLOT FOR
LINE NO.		ANESTHETIST		SCHOOL COST	HEALTH COST	OTHER COSTS	HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37 01	CARDIAC CATH						
38	RECOVERY ROOM						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRA SOUND						
41 02	MRI						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	MENTAL HEALTH ANCILLARY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A		SUBPROVIDER 1		PPS					
WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF COST TO CHARGES	INPAT PROG CHARGE	INPAT PROG PASS THRU COST	
LINE NO.		3	3.01	4	5	5.01	6	7	
	ANCILLARY SRVC COST CNTRS								
37	OPERATING ROOM								
37 01	CARDIAC CATH								
38	RECOVERY ROOM								
41	RADIOLOGY-DIAGNOSTIC			7,027,477			54,778		
41 01	ULTRA SOUND								
41 02	MRI								
44	LABORATORY			11,940,073			589,937		
49	RESPIRATORY THERAPY								
50	PHYSICAL THERAPY			6,028,228			2,797		
51	OCCUPATIONAL THERAPY								
52	SPEECH PATHOLOGY								
53	ELECTROCARDIOLOGY								
55	MEDICAL SUPPLIES CHARGED			6,132			12		
56	DRUGS CHARGED TO PATIENTS			6,105,142			472,289		
59	MENTAL HEALTH ANCILLARY			3,882,920			100,356		
	OUTPAT SERVICE COST CNTRS								
60	CLINIC								
61	EMERGENCY			14,228,599			288,766		
62	OBSERVATION BEDS (NON-DIS								
	OTHER REIMBURS COST CNTRS								
101	TOTAL			49,218,571			1,508,935		

TITLE XVIII, PART A	SUBPROVIDER 1	PPS
---------------------	---------------	-----

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37 01	CARDIAC CATH						
38	RECOVERY ROOM						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRA SOUND						
41 02	MRI						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	MENTAL HEALTH ANCILLARY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A		SUBPROVIDER 2		PPS		
WKST A	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPAT PROGRAM CHARGES	OLD CAPITAL CST/CHRG RATIO
LINE NO.		1	2	3	4	5
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
37 01	CARDIAC CATH					
38	RECOVERY ROOM					
41	RADIOLOGY-DIAGNOSTIC		7,418	7,027,477	126,995	
41 01	ULTRA SOUND					
41 02	MRI					
44	LABORATORY		229,467	11,940,073	781,591	
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY		165,520	6,028,228	4,188,002	
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED		99	6,132	6,120	
56	DRUGS CHARGED TO PATIENTS		107,418	6,105,142	2,212,379	
59	MENTAL HEALTH ANCILLARY		149,261	3,882,920		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY		471,552	14,228,599	262,236	
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
101	TOTAL		1,130,735	49,218,571	7,577,323	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 4/30/2010
 I 14-0033 I FROM 12/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 11/30/2009 I PART II
 I 14-T033 I

TITLE XVIII, PART A SUBPROVIDER 2

PPS

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
37 01	CARDIAC CATH		
38	RECOVERY ROOM		
41	RADIOLOGY-DIAGNOSTIC	.001056	134
41 01	ULTRA SOUND		
41 02	MRI		
44	LABORATORY	.019218	15,021
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY	.027457	114,990
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
55	MEDICAL SUPPLIES CHARGED	.016145	99
56	DRUGS CHARGED TO PATIENTS	.017595	38,927
59	MENTAL HEALTH ANCILLARY	.038440	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY	.033141	8,691
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		177,862

TITLE XVIII, PART A		SUBPROVIDER 2		PPS			
WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN		MED ED NRS	MED ED ALLIED	MED ED ALL	BLOOD CLOT FOR
LINE NO.		ANESTHETIST		SCHOOL COST	HEALTH COST	OTHER COSTS	HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37 01	CARDIAC CATH						
38	RECOVERY ROOM						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRA SOUND						
41 02	MRI						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	MENTAL HEALTH ANCILLARY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A		SUBPROVIDER 2		PPS						
WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P CST TO CHARGES	RATIO OF	INPAT PROG CHARGE	INPAT PROG PASS THRU	PROG COST
LINE NO.		3	3.01	4	5		5.01	6		7
37	ANCILLARY SRVC COST CNTRS									
37	OPERATING ROOM									
37	01 CARDIAC CATH									
38	RECOVERY ROOM									
41	RADIOLOGY-DIAGNOSTIC			7,027,477				126,995		
41	01 ULTRA SOUND									
41	02 MRI									
44	LABORATORY			11,940,073				781,591		
49	RESPIRATORY THERAPY									
50	PHYSICAL THERAPY			6,028,228				4,188,002		
51	OCCUPATIONAL THERAPY									
52	SPEECH PATHOLOGY									
53	ELECTROCARDIOLOGY									
55	MEDICAL SUPPLIES CHARGED			6,132				6,120		
56	DRUGS CHARGED TO PATIENTS			6,105,142				2,212,379		
59	MENTAL HEALTH ANCILLARY			3,882,920						
	OUTPAT SERVICE COST CNTRS									
60	CLINIC									
61	EMERGENCY			14,228,599				262,236		
62	OBSERVATION BEDS (NON-DIS									
	OTHER REIMBURS COST CNTRS									
101	TOTAL			49,218,571				7,577,323		

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
LINE NO.		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37 01	CARDIAC CATH						
38	RECOVERY ROOM						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRA SOUND						
41 02	MRI						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	MENTAL HEALTH ANCILLARY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	6,475
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,475
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	64
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,411
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,966
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,122,701
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,122,701

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	12,251,847
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	131,884
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	12,119,963
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.254876
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	2,060.69
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,890.49
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	170.20
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	43.38
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	2,776
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,119,925

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	482.27
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	948,143
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	948,143

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				259,240
49	TOTAL PROGRAM INPATIENT COSTS				1,207,383

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	120,909
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	33,210
52	TOTAL PROGRAM EXCLUDABLE COST	154,119
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	1,053,264

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES

55 TARGET AMOUNT PER DISCHARGE

56 TARGET AMOUNT

57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT

58 BONUS PAYMENT

58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET

58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET

58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.

58.04 RELIEF PAYMENT

59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT

59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)

59.02 PROGRAM DISCHARGES PRIOR TO JULY 1

59.03 PROGRAM DISCHARGES AFTER JULY 1

59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)

59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)

59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)

59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)

59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)

61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)

62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS

63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD

64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD

65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A SUBPROVIDER I PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
68 PROGRAM ROUTINE SERVICE COST
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
72 PER DIEM CAPITAL-RELATED COSTS
73 PROGRAM CAPITAL-RELATED COSTS
74 INPATIENT ROUTINE SERVICE COST
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
78 INPATIENT ROUTINE SERVICE COST LIMITATION
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
80 PROGRAM INPATIENT ANCILLARY SERVICES
81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 482.27
85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		3,122,701			
87 NEW CAPITAL-RELATED COST	398,209	3,122,701	.127521		
88 NON PHYSICIAN ANESTHETIST		3,122,701			
89 MEDICAL EDUCATION		3,122,701			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII PART A	SUBPROVIDER II	PPS
--------------------	----------------	-----

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,834
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,834
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,834
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	4,085
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,455,745
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,455,745

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	8,330,523
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8,330,523
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.414829
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,427.93
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,455,745

TITLE XVIII PART A	SUBPROVIDER II	PPS
--------------------	----------------	-----

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	592.35
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,419,750
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,419,750

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				1,508,397
49	TOTAL PROGRAM INPATIENT COSTS				3,928,147

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	259,112
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	177,862
52	TOTAL PROGRAM EXCLUDABLE COST	436,974
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	3,491,173

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A	SUBPROVIDER II	PPS
--------------------	----------------	-----

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
68	PROGRAM ROUTINE SERVICE COST
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
72	PER DIEM CAPITAL-RELATED COSTS
73	PROGRAM CAPITAL-RELATED COSTS
74	INPATIENT ROUTINE SERVICE COST
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
78	INPATIENT ROUTINE SERVICE COST LIMITATION
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS
80	PROGRAM INPATIENT ANCILLARY SERVICES
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION
82	TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	592.35
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	3,455,745			
87	NEW CAPITAL-RELATED COST	370,034	.107078		
88	NON PHYSICIAN ANESTHETIST	3,455,745			
89	MEDICAL EDUCATION	3,455,745			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
31	ADULTS & PEDIATRICS			
31	SUBPROVIDER		3,696,535	
31	01 SUBPROVIDER II			
37	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
37	01 CARDIAC CATH			
38	RECOVERY ROOM			
41	RADIOLOGY-DIAGNOSTIC	.087850	54,778	4,812
41	01 ULTRA SOUND			
41	02 MRI			
44	LABORATORY	.178789	589,937	105,474
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY	.257583	2,797	720
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.761416	12	33
56	DRUGS CHARGED TO PATIENTS	.093770	472,289	44,287
59	MENTAL HEALTH ANCILLARY	.438690	100,356	44,025
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.207396	288,766	59,889
62	OBSERVATION BEDS (NON-DISTINCT PART)			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		1,508,935	259,240
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		1,508,935	

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
31	ADULTS & PEDIATRICS			
31	SUBPROVIDER			
31	01 SUBPROVIDER II		5,829,798	
37	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
38	01 CARDIAC CATH			
38	RECOVERY ROOM			
41	RADIOLOGY-DIAGNOSTIC	.087850	126,995	11,157
41	01 ULTRA SOUND			
41	02 MRI			
44	LABORATORY	.178789	781,591	139,740
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY	.257583	4,188,002	1,078,758
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.761416	6,120	16,900
56	DRUGS CHARGED TO PATIENTS	.093770	2,212,379	207,455
59	MENTAL HEALTH ANCILLARY	.438690		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.207396	262,236	54,387
62	OBSERVATION BEDS (NON-DISTINCT PART)			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		7,577,323	1,508,397
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		7,577,323	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	498,830
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	366,228
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	366,228
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	79,844
19	SUBTOTAL (SEE INSTRUCTIONS)	286,384
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	286,384
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	286,384
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	38,765
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	27,136
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	38,765
28	SUBTOTAL	313,520
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	313,520
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	292,683
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	20,837
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	10,000
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 4/30/2010
I 14-0033	I FROM 12/ 1/2008	I WORKSHEET E
I COMPONENT NO:	I TO 11/30/2009	I PART B
I 14-S033	I	I

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).
 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
 1.04 LINE 1.01 TIMES LINE 1.03.
 1.05 LINE 1.02 DIVIDED BY LINE 1.04.
 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
 1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.
 2 INTERNS AND RESIDENTS
 3 ORGAN ACQUISITIONS
 4 COST OF TEACHING PHYSICIANS
 5 TOTAL COST (SEE INSTRUCTIONS)

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES
 6 ANCILLARY SERVICE CHARGES
 7 INTERNS AND RESIDENTS SERVICE CHARGES
 8 ORGAN ACQUISITION CHARGES
 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.
 10 TOTAL REASONABLE CHARGES

CUSTOMARY CHARGES
 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).
 13 RATIO OF LINE 11 TO LINE 12
 14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)
 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)

COMPUTATION OF REIMBURSEMENT SETTLEMENT
 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
 19 SUBTOTAL (SEE INSTRUCTIONS)
 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
 22 ESRD DIRECT MEDICAL EDUCATION COSTS
 23 SUBTOTAL
 24 PRIMARY PAYER PAYMENTS
 25 SUBTOTAL

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
 26 COMPOSITE RATE ESRD
 27 BAD DEBTS (SEE INSTRUCTIONS)
 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
 28 SUBTOTAL
 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
 30 OTHER ADJUSTMENTS (SPECIFY)
 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
 32 SUBTOTAL
 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
 34 INTERIM PAYMENTS
 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
 35 BALANCE DUE PROVIDER/PROGRAM
 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2

TO BE COMPLETED BY CONTRACTOR
 50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)
 51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
 52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
 53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)
 54 TOTAL (SUM OF LINES 51 AND 53)

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 4/30/2010
I 14-0033	I FROM 12/ 1/2008	I WORKSHEET E
I COMPONENT NO:	I TO 11/30/2009	I PART B
I 14-T033	I	I

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 2

1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).
 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
 1.04 LINE 1.01 TIMES LINE 1.03.
 1.05 LINE 1.02 DIVIDED BY LINE 1.04.
 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
 1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.
 2 INTERNS AND RESIDENTS
 3 ORGAN ACQUISITIONS
 4 COST OF TEACHING PHYSICIANS
 5 TOTAL COST (SEE INSTRUCTIONS)

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES
 6 ANCILLARY SERVICE CHARGES
 7 INTERNS AND RESIDENTS SERVICE CHARGES
 8 ORGAN ACQUISITION CHARGES
 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.
 10 TOTAL REASONABLE CHARGES

CUSTOMARY CHARGES
 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).
 13 RATIO OF LINE 11 TO LINE 12
 14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRU)
 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)

COMPUTATION OF REIMBURSEMENT SETTLEMENT
 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
 19 SUBTOTAL (SEE INSTRUCTIONS)
 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
 22 ESRD DIRECT MEDICAL EDUCATION COSTS
 23 SUBTOTAL
 24 PRIMARY PAYER PAYMENTS
 25 SUBTOTAL

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
 26 COMPOSITE RATE ESRD
 27 BAD DEBTS (SEE INSTRUCTIONS)
 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
 28 SUBTOTAL
 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
 30 OTHER ADJUSTMENTS (SPECIFY)
 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
 32 SUBTOTAL
 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
 34 INTERIM PAYMENTS
 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
 35 BALANCE DUE PROVIDER/PROGRAM
 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2

TO BE COMPLETED BY CONTRACTOR
 50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)
 51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
 52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
 53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)
 54 TOTAL (SUM OF LINES 51 AND 53)

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	2	3	4
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		292,683 NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE 292,683
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE 20,837
7 TOTAL MEDICARE PROGRAM LIABILITY				313,520

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

TITLE XVIII

SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A MM/DD/YYYY 1	AMOUNT 2	PART B MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,315,922		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	7/12/2009	13,200		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		13,200		NONE
4 TOTAL INTERIM PAYMENTS		1,329,122		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01	35,625		
	SETTLEMENT TO PROGRAM .02			
7 TOTAL MEDICARE PROGRAM LIABILITY		1,364,747		

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

TITLE XVIII

SUBPROVIDER 2

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5,175,298		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		5,175,298		NONE
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT		NONE		NONE
AMOUNT (BALANCE DUE)		27,693		
BASED ON COST REPORT (1)		.01		
7 TOTAL MEDICARE PROGRAM LIABILITY		.02		
		5,202,991		

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
1.08	INPATIENT PSYCHIATRIC FACILITY (IPF) NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	1,483,097
1.09	NET IPF PPS OUTLIER PAYMENTS	3,435
1.10	NET IPF PPS ECT PAYMENTS	2,584
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	17.739726
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	1,489,116
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	1,489,116
1.35	INPATIENT REHABILITATION FACILITY (IRF) UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	1,489,116
5	PRIMARY PAYER PAYMENTS	13
6	SUBTOTAL	1,489,103
7	DEDUCTIBLES	187,572
8	SUBTOTAL	1,301,531
9	COINSURANCE	24,509
10	SUBTOTAL	1,277,022
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	125,322
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	87,725
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	120,482
12	SUBTOTAL	1,364,747
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

17	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
18	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,364,747
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,329,122
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	35,625
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	
	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

----- FI ONLY -----

50	ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF) OR 1.09 (IPF).
51	ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
52	ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS).
53	ENTER THE TIME VALUE OF MONEY.

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 4/30/2010
I 14-0033	I FROM 12/ 1/2008	I WORKSHEET E-3
I COMPONENT NO:	I TO 11/30/2009	I PART I
I 14-T033	I	I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	3,725,332	890,574
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0462	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	239,416	42,042
1.05	OUTLIER PAYMENTS	368,768	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	5,266,132	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
	INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		
1.09	NET IPF PPS OUTLIER PAYMENTS		
1.10	NET IPF PPS ECT PAYMENTS		
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		
	INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	15.983562	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)	5,266,132	
5	PRIMARY PAYER PAYMENTS	8,753	
6	SUBTOTAL	5,257,379	
7	DEDUCTIBLES	24,432	
8	SUBTOTAL	5,232,947	
9	COINSURANCE	31,055	
10	SUBTOTAL	5,201,892	
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	1,570	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,099	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1,068	
12	SUBTOTAL	5,202,991	
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		

Health Financial Systems	MCRIF32	FOR VISTA MEDICAL CENTER WEST	IN LIEU OF FORM CMS-2552-96-E-3 (01/2010)		
CALCULATION OF REIMBURSEMENT SETTLEMENT			I PROVIDER NO:	I PERIOD:	I PREPARED 4/30/2010
			I 14-0033	I FROM 12/ 1/2008	I WORKSHEET E-3
			I COMPONENT NO:	I TO 11/30/2009	I PART I
			I 14-T033	I	I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

17	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
18	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	5,202,991
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	5,175,298
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	27,693
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	17,946
	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

----- FI ONLY -----

50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
OR 1.09 (IPF).

51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)

52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).

53 ENTER THE TIME VALUE OF MONEY.

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	2,435			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	4,271,138			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-1,274,839			
7	INVENTORY	185,931			
8	PREPAID EXPENSES	37,787			
9	OTHER CURRENT ASSETS	11,056			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	3,233,508			
FIXED ASSETS					
12	LAND	4,217,077			
12.01					
13	LAND IMPROVEMENTS	4,286,407			
13.01	LESS ACCUMULATED DEPRECIATION	-788,482			
14	BUILDINGS	13,165,611			
14.01	LESS ACCUMULATED DEPRECIATION	-1,191,917			
15	LEASEHOLD IMPROVEMENTS	766,930			
15.01	LESS ACCUMULATED DEPRECIATION	-139,874			
16	FIXED EQUIPMENT	307,489			
16.01	LESS ACCUMULATED DEPRECIATION	-18,302			
17	AUTOMOBILES AND TRUCKS	5,231			
17.01	LESS ACCUMULATED DEPRECIATION	-2,234			
18	MAJOR MOVABLE EQUIPMENT	2,018,008			
18.01	LESS ACCUMULATED DEPRECIATION	-791,131			
19	MINOR EQUIPMENT DEPRECIABLE	1,345,260			
19.01	LESS ACCUMULATED DEPRECIATION	-462,035			
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	22,718,038			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	-1,860,054			
26	TOTAL OTHER ASSETS	-1,860,054			
27	TOTAL ASSETS	24,091,492			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	595,189			
29 SALARIES, WAGES & FEES PAYABLE	822,161			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	6,803,537			
35 OTHER CURRENT LIABILITIES	239,944			
36 TOTAL CURRENT LIABILITIES	8,460,831			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES				
43 TOTAL LIABILITIES	8,460,831			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	15,630,661			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	15,630,661			
52 TOTAL LIABILITIES AND FUND BALANCES	24,091,492			

	GENERAL FUND	SPECIFIC PURPOSE FUND
	1	2
	3	4
1 FUND BALANCE AT BEGINNING	13,154,762	
2 OF PERIOD		
3 NET INCOME (LOSS)	2,475,899	
4 TOTAL	15,630,661	
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6 ADDITIONS (CREDIT ADJUSTM		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL	15,630,661	
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13 DEDUCTIONS (DEBIT ADJUSTM		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF	15,630,661	
PERIOD PER BALANCE SHEET		

	ENDOWMENT FUND	PLANT FUND
	5	6
	7	8
1 FUND BALANCE AT BEGINNING		
2 OF PERIOD		
3 NET INCOME (LOSS)		
4 TOTAL		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6 ADDITIONS (CREDIT ADJUSTM		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13 DEDUCTIONS (DEBIT ADJUSTM		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF		
PERIOD PER BALANCE SHEET		

PART I - PATIENT REVENUES

REVENUE CENTER		INPATIENT	OUTPATIENT	TOTAL
		1	2	3
GENERAL INPATIENT ROUTINE CARE SERVICES				
1	00 HOSPITAL	7,869,499		7,869,499
2	00 SUBPROVIDER	11,023,354		11,023,354
2	01 SUBPROVIDER II	8,330,523		8,330,523
4	00 SWING BED - SNF			
5	00 SWING BED - NF			
9	00 TOTAL GENERAL INPATIENT ROUTINE CARE	27,223,376		27,223,376
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS				
15	00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16	00 TOTAL INPATIENT ROUTINE CARE SERVICE	27,223,376		27,223,376
17	00 ANCILLARY SERVICES	16,917,547		16,917,547
18	00 OUTPATIENT SERVICES		31,179,203	31,179,203
24	00			
25	00 TOTAL PATIENT REVENUES	44,140,923	31,179,203	75,320,126

PART II-OPERATING EXPENSES

26	00 OPERATING EXPENSES		22,886,789	
ADD (SPECIFY)				
27	00 ADD (SPECIFY)			
28	00			
29	00			
30	00			
31	00			
32	00			
33	00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)				
34	00 DEDUCT (SPECIFY)			
35	00			
36	00			
37	00			
38	00			
39	00 TOTAL DEDUCTIONS			
40	00 TOTAL OPERATING EXPENSES		22,886,789	

DESCRIPTION

1	TOTAL PATIENT REVENUES	75,320,126
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	50,508,248
3	NET PATIENT REVENUES	24,811,878
4	LESS: TOTAL OPERATING EXPENSES	22,886,789
5	NET INCOME FROM SERVICE TO PATIENTS	1,925,089
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	60
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	61,307
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	409,780
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER MISCELLANEOUS REVENUE	79,663
25	TOTAL OTHER INCOME	550,810
26	TOTAL	2,475,899
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	2,475,899

CALCULATION OF CAPITAL PAYMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	4/30/2010
I	14-0033	I	FROM 12/ 1/2008	I	WORKSHEET L	
I	COMPONENT NO:	I	TO 11/30/2009	I	PARTS I-IV	
I	14-0033	I		I		

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	9.63
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
PART II -	HOLD HARMLESS METHOD	
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III -	PAYMENT UNDER REASONABLE COST	
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV -	COMPUTATION OF EXCEPTION PAYMENTS	
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	